

Tasers
(closed out 2/13/18)

NOTICE

This application is subject to disclosure under the Freedom of Information Act. If you wish to request that the application be treated as exempt from FOIA, attach an explanation of your rationale for requesting such exemption and your request will be considered by the SLEAF Committee.

APPLICATION FOR SPECIAL LAW ENFORCEMENT ASSISTANCE FUNDS

APPLICATION No. 17-042

ARE YOU REQUESTING THIS APPLICATION BE TREATED AS EXEMPT FROM FOIA? (Y/N) _____

1. REQUESTING AGENCY:

Name of Agency: Division of Alcohol and Tobacco Enforcement

Address of Agency: 34 Starlifter Avenue, Dover DE 19901

2. THE FISCAL OFFICER OF THE AGENCY OR THE PERSON WITHIN THE REQUESTING AGENCY WHO IS RESPONSIBLE FOR KEEPING ACCURATE RECORDS OF THE USE OF THE SLEA FUNDS.

Cindi Wood
Name

Administrative Assistant
Title

34 Starlifter Avenue
Address

Dover
City

302- 741-2714
Telephone No.

3. THE PURPOSE FOR WHICH SLEAF FUNDS WILL BE USED:

The Division of Alcohol and Tobacco Enforcement (DATE) consists of 17 sworn officers with statewide jurisdiction. DATE is requesting to purchase 17 TASERS to replace the X26 model which is being phased out by Axon TASER. DATE would like to purchase the X26P which is the programmable version of the X26. DATE agents operate in both uniform and undercover capacities and assist local law enforcement on a consistent basis. TASERS provide a less than lethal means force to assist in apprehension of combative subjects.

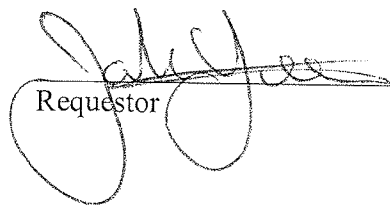
4. **AMOUNT OF SLEAF FUNDS RECEIVED BY REQUESTING AGENCY DURING THE PRIOR 5 FISCAL YEARS (LIST BEGINNING WITH MOST RECENT YEAR).**

SLEAF FUNDS RECEIVED
1. 2017 - \$19,295.53
2. 2016 - \$0
3. 2015 - \$6,070.50
4. 2014 - \$3,369.00
5. 2013 - \$5,664.00

5. Type and amount of funds from outside sources, such as grants, that could be used to fund the purpose described in #3 above, or a related purpose.

6. **DATE OF REQUEST:**

Date of this Request: August 31, 2107


Requestor

9/1/2017
Title (Chief of Police)

7. AMOUNT OF FUNDS REQUESTED:

Amount of Funds Requested: \$19,753.38 Request No. _____
(A check will be prepared by the State Treasurer payable to the Agency's Fiscal Officer).

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
<div style="display: flex; justify-content: space-between;"><div>_____ ATTORNEY GENERAL</div><div>_____ DATE</div></div>	

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
<div style="display: flex; justify-content: space-between;"><div>_____ DIRECTOR OF THE OFFICE OF MANAGEMENT AND BUDGET</div><div>_____ DATE</div></div>	

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
<div style="display: flex; justify-content: space-between;"><div>_____ CONTROLLER GENERAL</div><div>_____ DATE</div></div>	

Case #17-042
Closed out
2/13/18

ATTORNEY GENERALS CONFIDENTIAL FUNDS
ACCOUNTING VOUCHER

1. FUNDS ADVANCED

Name of Recipient: **Division of Alcohol & Tobacco Enforcement**

Department/Agency: **DSHS**

Date: **2/12/18**

Receipt/Check Number: **IV226197**

Amount..... **\$19,753.38**

2. TOTAL FUNDS EXPENDED..... **\$19,753.38**

3. FUNDS RETURNED

Returned by:

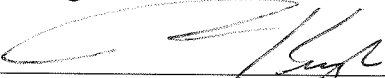
Department/Agency:

Date:

Receipt Number:

Amount..... **\$0.00**

4. I hereby certify that all funds were expended on official business of the State of Delaware and that the itemized accounting for those funds, shown below and on any continuation sheets, is correct to the best of my knowledge and belief.


Signature